Patient and staff perspectives of the implementation of a trauma-informed assessment in an EUPD Inpatient population

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Abstract:

Objective: Inpatients' experience of trauma-informed assessments remains largely unknown and staff anxieties may occur when addressing service-user trauma for fear of re-traumatisation (Sweeney, Clement, Filson & Kennedy, 2016). This study aimed to explore inpatient and staff perspectives of completing trauma-informed assessments in order to better understand the impact of implementing trauma assessments within inpatient services.
Methods: Using convenience sampling, 39 participants diagnosed with Emotionally Unstable Personality Disorder admitted to a women's Specialist Rehabilitation Dialectical Behaviour Therapy inpatient service completed the International Trauma Questionnaire (ITQ). Behavioural disturbance was measured for one week prior to and following completion of the ITQ. Participants and staff provided retrospective feedback of their experiences.
Results: No increase in self-injurious behaviours was observed in the first 24 hours following completion of the ITQ. Participants' feedback included willingness to complete an additional detailed trauma assessment. Staff feedback included feeling empowered to speak to patients about trauma and experiencing increased empathy.
Conclusions: Results support the completion of trauma-informed assessments in inpatient settings. Positive feedback may help reassure clinical practitioners of the minimal adverse effects and the perceived benefits of the implementation of trauma assessments within inpatient services.

1 Introduction:

What is Complex Post-traumatic Stress Disorder?

In response to diverse clinical presentations of survivors of multiple traumas, the diagnosis of Complex Post-traumatic Stress Disorder (CPTSD) has been introduced as a separate classification in the 11th edition of the International Classification of Diseases (Maercker et al., 2013; World Health Organization, 2019). In addition to experiencing the symptoms of Post-traumatic Stress Disorder (PTSD), individuals with CPTSD also experience disturbances in self-organisation (DSO), specifically difficulties with emotion regulation, negative self-concept and relationship disturbances (Cloitre et al., 2012).

Prevalence of trauma in inpatient services

Despite its recent standardisation, the examination of CPTSD in clinically complex samples, such as inpatients and personality disorder populations, is limited. Inpatient services report increasingly high rates of trauma exposure alongside high rates of aggressive behaviours (Gatov et al., 2020). Additionally, inpatient services are often associated with clinically complex presentations and resultant resistance to treatment (Thibaut et al., 2019). Despite the prevalence of trauma in inpatient settings, the assessment of trauma-related symptoms in such populations are relatively under-investigated (Gatov et al., 2020).

Trauma, treatment and Emotionally Unstable Personality Disorder

Unaddressed trauma-related symptomology may increase risk of relapse and poor treatment outcomes (Centre for Substance Abuse Treatment, 2014). The prevalence of early life trauma in individuals diagnosed with Emotionally Unstable Personality Disorder (EUPD) is high, with a large percentage reporting a history of childhood trauma (Herman, Perry, & van der Kolk, 1989; Zanarini et al., 1997). Further investigation may enable holistic care for individuals diagnosed with EUPD and provide important implications for inpatient formulation.

Patient and staff experiences

Inpatients' experience of trauma-informed assessments remains largely unknown and there are often staff anxieties when addressing service user trauma for fear of re-traumatisation (Sweeney, Clement, Filson & Kennedy, 2016). Young, Read and Barker-collo (2001) found that staff did not want to cause deterioration in mental state by asking about past abuse. However, asking about past trauma does not appear to cause any significant or long-term adverse issues and service users may become angry or distressed if they are not asked about these experiences (Lothian & Read, 2002; Read, Hammersley & Rudegeair, 2007). Potential benefits of trauma-informed care include increased hope, empowerment and improving relationships (Sweeney et al., 2016).

2 Study aims:

- To explore inpatient perspectives of completing trauma-informed assessments in order to gain insight into their experiences.
- To explore staff perspectives of administering the ITQ and its impact on patients with a primary diagnosis of EUPD.
- To better understand the behavioural impact of implementing trauma-informed assessments within inpatient services.

3 Methodology:

Design

A mixed-methods design was used to explore the experience and impact of completing trauma assessments in participants detained to a specialist rehabilitation women's inpatient Dialectical Behaviour Therapy (DBT) service.

Participants

Using convenience sampling, the participant dataset consisted of 39 women with a primary diagnosis of EUPD admitted to the service. This 49-bed service consisted of three adult female specialist rehabilitation wards, delivering a comprehensive DBT programme meeting the five functions of DBT. Nineteen participants provided feedback of their experience of completing the ITQ, as well as all three staff members who administered the measure.

Materials

International Trauma Questionnaire (ITQ; Cloitre et al., 2018)

The ITQ is an 18-item self-report questionnaire measuring ICD-11 PTSD and CPTSD symptoms. Respondents answer questions in relation to a traumatic experience that troubles them the most and when this occurred. The measure consists of six items measuring PTSD symptoms and six items measuring DSO symptoms. Both PTSD and DSO symptom items are accompanied by three functional impairment items that measure social, occupational and other important facets of life. Responses are rated by a five-point Likert scale ranging from 'Not at all' (0) to 'Extremely' (4). The ITQ can be scored using both dimensional and diagnostic scoring methods for PTSD and CPTSD.

Patient and Staff Feedback Questionnaires & Behavioural Data

The feedback questionnaires consisted of a series eight questions regarding participants' and staff members' thoughts, experiences and behaviour in relation to either completing or administering the ITQ. Routinely collected behavioural data using the Modified Overt Aggression Scale (Coccaro, Harvey, Kupsaw-Lawrence, Herbert, & Bernstein, 1991) were extracted from the organisation's electronic clinical records.

Procedure

The ITQ was administered by members of the participants' clinical teams. Participants were individually approached to complete the ITQ and were provided with support following completion if required. ITQ scoring was completed by an honorary assistant psychologist and an assistant psychologist working in the service. Participant feedback was obtained through semi-structured interviews with assistant psychologists. Staff who administered the ITQ were approached were via email to provide feedback of their experience. Behavioural disturbance was measured for one week prior to and following completion of the ITQ, including specifically within 24 hours following completion. Data collection, analysis, scoring and interpretation were overseen by clinical psychologists within the service.

Ethical considerations

The study received approval from the organisation's internal clinical governance structures as a service evaluation to review the implementation of trauma-informed measures of assessment within the DBT service.

Data analysis

Thematic analysis was applied to the qualitative feedback data using a deductive, semantic approach. Quantitative data were entered into SPSS version 27 and t-tests were employed to assess whether there was a significant difference between engagement in risk behaviours prior to and following completion of the ITQ.

4 Results:

A) Participant Feedback

"It was a lot easier than I thought it was going to be"

"They are taking into account my traumas; I was glad they were asking about it"

THEME 1: PRE-COMPLETION ANXIETY

Several participants reported feeling worried, nervous or reluctant prior to completing the ITQ.

THEME 2: EXPECTATIONS VS EXPERIENCES

Most participants reported that their experience of completing the measure did not match their initial expectations (see quotes).

THEME 3: SHORT-TERM EMOTIONAL CHANGE

One participant reported "I had thoughts to harm myself, but I didn't". A second participant reported that their "flashbacks intensified for a while" and another reported feeling "at crisis point". However, none of these participants' risk increased in the week following completion of the measure. All other participants reported no significant behavioural changes following completion.

"I am looking forward to completing the next questionnaire"

"I thought it was going to be really bad, but it wasn't"

B) Staff Feedback

THEME 1: PRE-ADMINISTRATION ANXIETY

Staff reported having anxiety prior to administering the measure.

THEME 2: EXPECTATIONS OF BEHAVIOURAL DISTURBANCE

There were concerns that patients may become unsettled or engage in risk following completion.

THEME 3: WILLINGNESS TO ENGAGE

The majority of patients were willing to engage in the process.

THEME 4: STRENGTHENING RELATIONSHIPS

Staff reflected on feelings of trust, compassion and increased rapport with patients.

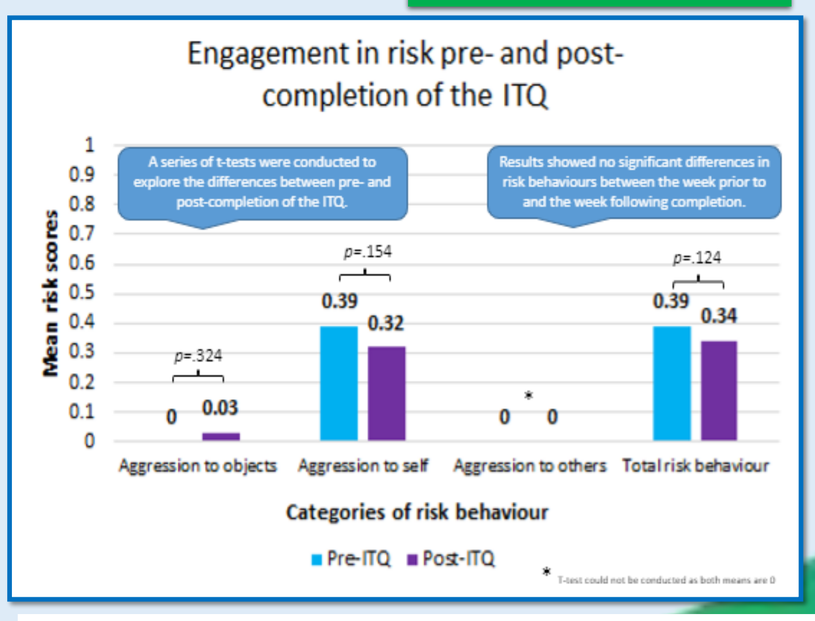
"In general, all patients were keen and willing to engage with the process. It seemed to be a topic that patients wished to have more support with"

"Watching them write out a brief description of their trauma reminded me of what difficult life experiences these patients have had and I felt a surge of compassion and empathy"

"It empowered me to speak to patients about trauma with fewer concerns and reservations on my side"

"In hindsight, administering these questionnaires made me realise that a lot of the patients actually felt able to speak to staff about trauma without getting immediately overwhelmed"

C) Behavioural Data



An increase in self-injurious behaviours was observed in two participants in the week following completion of the measure.

1. One participant's risk increased from day two to seven following completion of the ITQ. An alternative trigger was identified by the participant and the clinical team; therefore this participant's data were removed from subsequent analyses.
2. The second participant's increase in risk occurred on days six and seven following completion of the ITQ and there was no indication that this was related to the ITQ.

Key Findings

- No increase in self-injurious behaviours was observed in the first 24 hours following completion of the ITQ.
- No incidents of physical aggression to others were observed in the week prior to or following completion of the ITQ.
- One participant's risk incidents reduced in the week following completion of the ITQ.
- There were no significant differences in total risk behaviour (N = 38, t= 1.572, p = .124) between the weeks prior to and following completion of the ITQ (see graph).

5 Discussion:

- Results support the completion of trauma-informed assessments in inpatient settings and subsequently the service plans to implement the ITQ and a secondary detailed trauma assessment as routine measures. Findings suggest that the majority of participants found the experience of completing the trauma assessment to be either positive or neutral, with no significant or long-term adverse consequences observed by participants or clinical teams. Despite both patient and staff anxieties prior to completing or administering the measure, both predominantly reported that their experience did not match these initial expectations.
- Specific participant feedback suggests that completion of trauma assessments may be validating and supportive for the individual. The results also indicate staff understanding and responsiveness to the impact of trauma, which may enable staff and patients to work collaboratively towards recovery goals and create opportunities for patients to rebuild a sense of control and empowerment. This initial data therefore could indicate the positive short-term benefits of utilising trauma-informed assessments within psychiatric care.

Limitations

- Results support the preliminary implementation of trauma-informed assessments, however, long-term impact of the implementation of trauma-informed tools remains to be investigated.
- There was a relatively modest sample size for both the patients and the staff, which restricts generalisability of these findings.

Future directions for research

- Future research could explore the longer-term impacts of trauma assessments in inpatient settings and could include repeating ITQ administration and more detailed trauma measures exploring qualitative data.
- Further exploration of staff anxieties around implementing trauma-informed care could be considered, as well as offering interventions around education of the impact of trauma. Development of staff attitudes towards and knowledge of the impact of trauma has been identified as an important factor in services becoming trauma-informed (Sweeney et al., 2016).

Conclusions

- Longer-term evaluation is warranted to assess whether the implementation of trauma-informed assessments could contribute meaningfully to recovery outcomes.
- Concerns about re-traumatisation may be an ongoing barrier in the implementation of trauma assessments in inpatient settings. Positive feedback may help reassure clinical practitioners of the minimal adverse effects and the perceived benefits of the implementation of trauma assessments within inpatient services.

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